



**HEALTH INFORMATION TECHNOLOGY EXCHANGE OF CONNECTICUT  
ADVISORY COMMITTEE ON PATIENT PRIVACY AND SECURITY MEETING  
September 5, 2012 MINUTES  
1:30 – 3:00 PM  
LEGISLATIVE OFFICE BUILDING**

**COMMITTEE MEMBERS PRESENT:** Michelle DeBarge, Robert McLean, Ellen Andrews, Demian Fontanella, Steve Casey

**PUBLIC ATTENDEES:** Susan Israel, Susan Halpin, Gary Rose, Peter Armstrong (HITE-CT intern)

**CALL TO ORDER**

Michelle DeBarge called the meeting to order at 1:39 p.m.

**REVIEW OF MINUTES**

Minutes from the meeting June 12, 2012 were approved.

**Report on Conversation with David Gilbertson Concerning Status of HITE-CT**

Michelle DeBarge updated the Committee on her pre-meeting conversation with David Gilbertson on current issues before HITE-CT. A FQHC and a mental health agency are piloting the transfer of documents via DIRECT in September. Current support for controlling the transfer of documents is limited to document type and source type. The development of more granular filters allowing patient to control access to sensitive information such as HIV, substance abuse and mental health issues will not be available for at least a year.

David Gilbertson is resigning from his position effective August 31, 2012. John DeStefano, the Chief Technology Officer, and Christine Kraus, Administrative Project Officer, will perform the CEO responsibilities during the transition.

**Report on Legal and Policy Committee Meeting on 9/5/2012**

Ellen Andrews reported that HITE-CT is trying to simplify the consent forms and reduce the number of forms. She is concerned that how opt-out rules will be applied in emergency situations.

Peter Armstrong reported that John DeStefano and Lori Reed-Fourquet will be distributing a preliminary workflow of the way consents are processed during intake processes at different providers. Peter will forward a copy of the workflow documents to the Advisory Committee.

The Legal Committee will have a subcommittee visit providers to observe and document the processing of consents during the intake process.

Ellen Andrews noted that it is important to observe the way smaller providers are handling consents. In addition to that she was concerned about whether providers who already use an opt-in process would be willing to accept an opt-out process.

### **Discussion Concerning Collection of Information on Local HIE Practices**

The Committee felt it is important to understand local HIEs practices concerning consent, provider and consumer education, and safeguards, since the expectation is that HITE-CT might connect with other exchanges during the query phase of implementation. The Committee agreed to try to obtain information from the following sources/contacts in connection with local HIE activity:

Peter Armstrong will check with John DeStefano will identify the contact at Hartford Hospital.  
Michelle will obtain information from Western Connecticut Health Network and St. Francis.  
Ellen Andrews will identify the contact at the Community Health Center.

Committee members agreed to come up with a set of common questions for the survey of current CT HIEs. After we have those questions, Ellen Andrews will set up the Survey Monkey. Committee members will send the survey link to their contacts.

### **Reports from Committee members on assigned topics**

#### **Provider education (Robert McLean)**

Robert McLean reported Rhode Island has implemented a model using DIRECT which has already enrolled hundreds of providers who are using DIRECT on their HIEs. He will distribute a summary of Rhode Island's Strategic Operational Plan. Their HIE is called 'CurrentCare' and it is free for providers and patients.

CSMS sometimes uses medical organizations to disseminate some information and is a good vehicle for educating physicians. eHealthCT might also help with education because it likely has cataloged mechanisms for reaching physicians in connection with prior e-Health initiatives.

Robert McLean pointed out that we have two audiences: 1) outpatient and 2) hospitals. We need to think about an effective way to reach each audience. Also, need to consider approach for reaching practice managers and other office staff.

Since medical professionals are required to earn CME credits every year in order to maintain their State license, another way to educate providers would be to offer HITE education as part of the Quality Improvement or other component of the CME process.

Demian Fontanella will check with DPH to find the contact for the CME program. It was suggested that the Committee think about whether HITE-CT might be able to piggyback on the Health Insurance Exchange marketing efforts as a way of maximizing resources regarding provider and consumer education.

### **Patient/consumer education (Ellen Andrews)**

Ellen Andrews provided an extensive overview of surveys evaluating Connecticut residents' views of HITE-CT and a DPH report by Minakshi Tikoo on the Baseline Assessments of Connecticut's HITE. She discussed best practices for educating consumers and identified other states that have effectively led initiatives to engage consumers in the development of HITE.

Demian Fontanella noted that the consumer tends to be involved in the development of material but not the policy decisions.

### **Sensitive Information (Demian Fontanella)**

Three issues need to be explored in more detail:

1. Patient access to the audit log of their medical records to know who has accessed their records;
2. The requirements for, and process for managing/verifying the authorization component of the opt-out model; and
3. Data segmentation functionality.

Health information exchange should allow for more transparency concerning who accessed information than current paper records.

Michelle DeBarge added that we need to look at how we define sensitive information. There was some discussion of information associated with reproductive health, rape, and other health information that many may view as sensitive, but where the law does not afford special privacy protection. This raises the question whether an expanded definition of "sensitive" information that should be considered.

### **Privacy and Security Safeguards (Demian Fontanella and Steve Casey)**

Demian Fontanella will be looking into Blue Button, a function which allows patients to download their personal health information as an ASCII file. Blue Button is being adopted by a million enrollees in the VA and DOD. United Healthcare is planning on having all its enrollees use Blue Button by 2014. Also recommended including questions around security safeguards in survey to local HIEs and dialogue with the New York-led, 10 state collaborative to determine if there is common ground emerging regarding expected safeguards and/or other privacy and security matters.

### **Minors – Michelle DeBarge**

There is no national solution for minors. In some states, minors have the legal right to control the dissemination of certain health information to parents and others. From a technology perspective the problem is that current HIE data segmentation technology is limited and likewise the options for managing the disclosure of minor information in an HIE are equally limited.

The minor TIGER team in New York has been working on segmenting minor consent information and incorporating it into HL7.

Robert will check with Dr. Sandi Carbonari of the CT chapter of the American Association of Pediatrics to see if they have more information on these issues.

### **Consent model**

Audrey Chapman was not able to attend the meeting, but Michelle DeBarge reported on Audrey's behalf. Audrey Chapman reported that ONC has not endorsed any particular consent model, but rather has focused on the need for consent to be meaningful, regardless of the option used. Audrey's view is that the Committee should accordingly focus its energy on preparing recommendations that will help ensure meaningful consent within the selected HITE-CT consent model.

### **Summary of Action Items**

ALL: Submit questions to Ellen Andrews for survey to regional HIEs in Connecticut.

#### **Demian Fontanella:**

Find contact for CME program at DPH and explore process for including HITE-CT education in approved CME programming.

#### **Ellen Andrews:**

Provide Survey Monkey for Consent Interviews.

Find contact at Community Health Center to discuss HIE issues.

#### **Michelle DeBarge:**

Find contact at Danbury Hospital and St. Francis to discuss HIE issues.

#### **Peter Armstrong:**

Distribute HITE – CT workflow of intake processes as they relate to consent processing to committee members.

Check with John DeStefano on contact at Hartford Hospital to discuss HIE issues.

#### **Robert McLean:**

Distribute summary of Rhode Island Strategic Operation Plan to committee members.

Check with Dr. Sandi Carbonari on consent issues affecting minors.

Find out consent used within EPIC EMR system being put in place at Yale-New Haven Health System.

### **PUBLIC COMMENT**

No Public Comment

### **ADJOURNMENT**

Meeting adjourned at 3:05 p.m.

### **SCHEDULE OF MEETINGS**

11/7/2012 – 3:00 to 5:00 p.m.